

FORM NO. 3  
 MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.  
 N. B. McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Wichita</u>		STATE OF SOUTH CAROLINA.		6	
Township of .....		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of <u>Abbeville</u>		Registration District No. <u>1-a</u>		Registered No. <u>6</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.; <u>2nd</u> Ward		(For use of Local Registrar)	
(2) Full Name of Child <u>Archibald Shepman</u> } If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>0</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 20</u> , 191 <u>5</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Ernest Shepman</u>			(14) NAME BEFORE MARRIAGE <u>Edna Warrick Powell</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville SC</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Anderson Co SC</u>			(18) BIRTHPLACE <u>Anderson Co SC</u>		
(13) OCCUPATION <u>Mill Work</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>150</u> <u>th</u> <u>St.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Abbeville SC</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....			(27) Filled <u>Jan 20th</u> 191 <u>5</u>		
Registrar			(28) <u>J. G. Perrin</u> Local Registrar		
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.					
Registrar <u>[Signature]</u> Local Registrar <u>[Signature]</u>					
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.					